

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - 18145 | 2. Fiscal Year Covered From: 1/1/07 Through: 12/31/07 |
| LIZZIE M (THORNE) TILCHMAN | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name <input type="text"/> | Name HOTEL + RESTAURANT EMPLOYEES |
| P.O. Box, Bldg., Room No., if any <input type="text"/> | Labor Organization File Number 506-434 LOCAL #25 |
| Street 7304 SUMMER WIND CIR | P.O. Box, Building and Room Number, if any <input type="text"/> |
| City LAUREL | Street 1003 - K - ST N.W. 7th FLOOR |
| State MD ZIP Code + 4 20107-5308 | City WASH |
| 5. Position in labor organization. Pres / Business Agent | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

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|---|--|
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name <input type="text"/> | <input type="text"/> |
| Trade Name, if any: <input type="text"/> | |
| P.O. Box, Bldg., Room No., if any <input type="text"/> | |
| Street <input type="text"/> | |
| City <input type="text"/> | 7.b. Amount. |
| State <input type="text"/> ZIP Code + 4 <input type="text"/> | <input type="text"/> |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed **Lizzie M Thorne / Tilchman**

On **8-13-05** **301-483-6585**
Date Telephone Number

Name of Person Filing

Julie M. Howe Gilgman

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

GROUP DENTAL SERVICE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

111 ROCKVILLE PIKE SUITE 950

City

ROCKVILLE

State

MD

ZIP Code + 4

20850

14.a. Nature of payment.

AMERICA EXPRESS
GIFT CHEQUE
AROUND CHRISTMAS

13.b. Is the Business an Employer

☒

or Consultant

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?

14.b. Amount of payment.

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|---|----------------|
| Name of Person Filing <u>Jessie M. Moore, Secretary</u> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/> | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/> | 11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| | 11.b. Approximate dollar value of such dealing. <input style="width: 150px;" type="text"/> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| | 12.b. Amount. <input style="width: 150px;" type="text"/> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|--|---|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>GROUP DENTAL SERVICE</u> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <u>111 ROCKVILLE PIKE SUITE 938</u> City <u>ROCKVILLE</u> State <u>MD</u> ZIP Code + 4 <u>20850</u> | 14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; height: 150px;"> <p style="font-size: 1.2em;">Gift Basket</p> <p style="font-size: 1.2em;">Approx 200- Est</p> <p style="font-size: 1.2em;">Around Christmas</p> </div> |
| 13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <input style="width: 150px;" type="text"/> <u>200-</u> |

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| Name of Person Filing <u><i>Jiggen Shaw Jiggen</i></u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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|---|---|
| 8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/> | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
|---|---|

| | |
|---|--|
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/> | 11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| | 11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/> |
| | 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| | 12.b. Amount. <input style="width: 100%;" type="text"/> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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|--|---|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 90%;" type="text" value="REGAN + ASSOCIATES"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text" value="1003 -R- ST N.W."/> City <input style="width: 90%;" type="text" value="WASH"/> State <input style="width: 20%;" type="text" value="D.C."/> ZIP Code + 4 <input style="width: 70%;" type="text" value="20001"/> | 14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p style="font-size: 1.2em;"><i>Wechts Gift Card</i></p> <p style="font-size: 1.2em;"><i>Around Christmas</i></p> </div> |
| 13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <input style="width: 100%;" type="text" value="35 -"/> |

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.

14.b. Amount of payment. 75-